

State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WATER QUALITY ORDER NO. 2003 – 0005 - DWQ)

I. NOI Status

Mark Only One Item	1. <input type="checkbox"/> New Permittee	2. <input type="checkbox"/> Change of Information WDID #: _____
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II. Agency Information

A. Agency			
B. Contact Person		C. Title	
D. Mailing Address		E. Address (Line 2)	
F. City	State CA	G. Zip	H. County
I. Phone	J. FAX	K. Email Address	
L. Operator Type (check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

IV. Boundaries of Coverage (include a site map with the submittal)

V. Billing Information

A. Agency			
B. Contact Person		C. Title	
D. Mailing Address		E. Address (Line 2)	
F. City	State CA	G. Zip	H. County
I. Phone	J. FAX	K. Email Address	
<p>Fees are based on the daily population served by the Small MS4. To determine your fee, consult the current fee schedule (California Code of Regulations, Title 23, Division 3, Chapter 9 Article 1), which can be viewed at www.swrcb.ca.gov/stormwtr/municipal.html.</p> <p>L. Population _____ Fee _____</p> <p>Check(s) should be made payable to the SWRCB and submitted to the appropriate RWQCB.</p> <p>SWRCB Tax ID is: 68-0281986</p>			

VI. Discharger Information (check applicable box(es) and complete corresponding information)1. ☐ Applying for Individual General Permit Coverage2. ☐ Applying for a permit with one or more co-permittees

The undersigned agree to work as co-permittees in implementing a complete small MS4 storm water program. The program must comply with the requirements found in Title 40 of the Code of Federal Regulations, parts 122.32. Attach additional sheets if necessary. Each co-permittee must complete an NOI.

Lead Agency	Signature
Agency	Signature
Agency	Signature
Agency	Signature

3. ☐ Separate Implementing Entity (SIE)

A. Agency			
B. Contact Person		C. Title	
D. Mailing Address		E. Address (Line 2)	
F. City	State CA	G. Zip	H. County
I. Phone	J. FAX	K. Email Address	
H. Operator Type (check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
<p>"I agree to coordinate with the agency identified in Section III of this form and comply with its qualifying storm water program. I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."</p>			
N. Signature of Official		Date	

VII. Storm Water Management Plan (check box)☐ As per section A.2. of this General Permit, the SWMP is attached.**VIII. Certification**

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."

A. Printed Name: _____

B. Title: _____

C. Signature: _____ D. Date: _____